

Early Steps Provider Review Checklist

Provider Demographics:

First Name: _____ MI: _____ Last Name: _____

SS#: _____ DOB: ____/____/____

Received: ____/____/____

Determination: Approved / Denied / Withdrawn on ____/____/____

	Application Review and Credential Verification	Verification Source																					
<input type="checkbox"/>	OIG Exclusions List: Yes / No Exclusions List	If yes, do not move forward. Provider ineligible for credentialing. http://exclusions.oig.hhs.gov/																					
<input type="checkbox"/>	W9(s): Yes / No Criminal Activity Reported: Yes / No Complaints / Liabilities Reported: Yes / No	Explanation																					
<input type="checkbox"/>	Medical License #: _____ Controlled Subs: Yes / No Disciplinary Action: Yes / No Complaint: Yes / No MQA Status: _____ State: _____ Expires: ____/____/____ If explanation of actions needed: Explanation Received: ____/____/____	State Medical Quality Assurance (MQA) - Allowable states: Alabama, Georgia, North Carolina MQA: Use Fire Fox as browser https://appsmqa.doh.state.fl.us/IRM00PRAES/PRASLIST.ASP Explanations via fax/mail/email, if applicable																					
<input type="checkbox"/>	National Provider ID Match: Yes / No: _____ NPI Taxonomy Match: Yes / No: _____	National Plan & Provider Enumeration System NPPES: https://nppes.cms.hhs.gov/NPPESRegistry/NPIRegistryHome.do																					
<input type="checkbox"/>	Professional Liability Claims (prev. 5yrs): Yes / No # of claims reported: _____ # of claims found: _____ Claims explained: Yes / No Proof of Malpractice/Liability Insurance	Dept. of Insurance PLCR: https://apps.fldfs.com/PLCR/Search/MPLClaim.aspx Copy of Liability Insurance Coverage (Group or Solo)																					
<input type="checkbox"/>	Curriculum Vitae (prev. 5 years, mo/year timeline): Yes / No Gaps of >90days: Yes / No	Explanation of Gaps																					
<input type="checkbox"/>	Medicaid Number (9-digit): _____ FMMIS: Active / Not Found / Other: _____ Eligible: Yes / No Level II: Pass / Fail	FMMIS: https://sso.flmmis.com/adfs/ls/?wa=wsignin1.0&wrealm=https%3a%2f%2fsso2.flmmis.com%2fadfs%2f%2fid&wctx=c34ffc77-92af-43cc-82b6-e8b23761a033&wct=2016-01-15T19%3a31%3a04Z&whr=https%3a%2f%2fsso.flmmis.com%2fadfs%2f%2fid AHCA: https://apps.ahca.myflorida.com/SingleSignOnPortal/Login.aspx?ReturnUrl=%2fSingleSignOnPortal																					
	Early Steps/Early Intervention																						
<input type="checkbox"/>	ES Training Modules 1-3 Complete: Yes / No	Must have completed all three modules.																					
<input type="checkbox"/>	ITDS Training Modules 1-6 Complete: Yes/No	Must have completed all 6 module or University coursework equivalent																					
<input type="checkbox"/>	Reported ES Experience: Yes / No ES Mentorship Form: Yes / No	If no, completed ES Mentorship Form required.																					
<div style="display: flex;"> <div style="width: 30%;"> <p>Summary of Missing Information:</p> <p>Request Sent: ____/____/____</p> </div> <div style="width: 70%;"> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;">1.</td><td style="width: 55%;">_____</td><td style="width: 40%;">Received: ____/____/____</td></tr> <tr><td>2.</td><td>_____</td><td>Received: ____/____/____</td></tr> <tr><td>3.</td><td>_____</td><td>Received: ____/____/____</td></tr> <tr><td>4.</td><td>_____</td><td>Received: ____/____/____</td></tr> <tr><td>5.</td><td>_____</td><td>Received: ____/____/____</td></tr> <tr><td>6.</td><td>_____</td><td>Received: ____/____/____</td></tr> <tr><td>7.</td><td>_____</td><td>Received: ____/____/____</td></tr> </table> </div> </div>			1.	_____	Received: ____/____/____	2.	_____	Received: ____/____/____	3.	_____	Received: ____/____/____	4.	_____	Received: ____/____/____	5.	_____	Received: ____/____/____	6.	_____	Received: ____/____/____	7.	_____	Received: ____/____/____
1.	_____	Received: ____/____/____																					
2.	_____	Received: ____/____/____																					
3.	_____	Received: ____/____/____																					
4.	_____	Received: ____/____/____																					
5.	_____	Received: ____/____/____																					
6.	_____	Received: ____/____/____																					
7.	_____	Received: ____/____/____																					

***Once approved – Provider can be entered into Early Steps Data System**

Reviewer: _____ Date Reviewed: ____/____/____